

ATTENDANT CARE/HOUSEKEEPING AGREEMENT

INDIVIDUAL'S NAME <i>(Last, First, M.I.)</i>	DATE
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NAME OF INDIVIDUAL HCBS PROVIDER <i>(Last, First, M.I.)</i>	FEIN <i>(TAX I.D. NO.)</i>
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ATTENDANT CARE TASKS <i>(Check Applicable Items)</i>	FREQUENCY	ESTIMATE TASK DURATION	INSTRUCTIONS
CARE TASKS			
<input type="checkbox"/> Showering/bathing			
<input type="checkbox"/> Shampooing			
<input type="checkbox"/> Dressing			
<input type="checkbox"/> Toileting			
<input type="checkbox"/> Transfers			
<input type="checkbox"/> Positioning			
<input type="checkbox"/> Eating			
<input type="checkbox"/> Routine ambulation			
<input type="checkbox"/> Nail care			
<input type="checkbox"/> Skin care			
<input type="checkbox"/> Special appliances/prosthetic devices			
<input type="checkbox"/> Training care task <i>(To)</i>			
<input type="checkbox"/> Other <i>(Specify)</i>			
HOUSEKEEPING TASKS <i>(Check Applicable Items)</i>	FREQUENCY	ESTIMATE TASK DURATION	INSTRUCTIONS
MEAL PREPARATION			
<input type="checkbox"/> Prepare simple meals <i>(e.g., sandwiches, cold cereals, salads, hot drinks, microwaveable meals)</i>			
HOME MANAGEMENT			
Bathroom <i>(DD individual only)</i>			
<input type="checkbox"/> Floor			
<input type="checkbox"/> Tub/shower			
<input type="checkbox"/> Toilet			
<input type="checkbox"/> Sink			
<input type="checkbox"/> Other <i>(Specify)</i>			
Bedroom <i>(DD individual only)</i>			
<input type="checkbox"/> Floor			
<input type="checkbox"/> Change bed linens			
<input type="checkbox"/> Make bed			
<input type="checkbox"/> Dust			
<input type="checkbox"/> Pickup clothes			
<input type="checkbox"/> Pickup toys, etc.			
<input type="checkbox"/> Other <i>(Specify)</i>			

Routing: White - HCBS District Office, Canary - HCBS Applicant/Service Provider

See reverse for EOE/ADA.

REQUIREMENTS/LIMITATIONS

- ♦ The individual/family is responsible for providing all cleaning supplies.
- ♦ The service is to be performed **only** for the individual's personal area(s) (*e.g., bedroom, bathroom*) and/or common areas of the home used by the individual.
- ♦ The service is **not** authorized to include cleaning after parties, preparing meals for the whole family, major carpet cleaning (*i.e., shampooing*), routine lawn and yard care, or pet care and cleaning pet accidents.
- ♦ Cleaning of dishes is limited to two meals worth of dishes.
- ♦ Prior Support Coordinator approval is necessary for heavy cleaning, such as cleaning ceilings, moving heavy furniture and/or appliances, washing walls, etc.
- ♦ Prior Support Coordinator approval is necessary for yard work: hauling debris; hauling water; gathering, hauling, sawing and chopping wood; caring for livestock used for consumption.
- ♦ The individual/family is responsible to provide the money for supplies and food in advance of the purchase if the provider is expected to shop for food and household supplies.
- ♦ If shopping is an expected part of the service, the shopping is done within the time allocated for the service.
- ♦ Laundry is limited to the individual's clothing, bed and bath linens.

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-6825.